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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076500 (3)

1. Corporation Name

K & K MAINTENANCE & MANAGEMENT, INC.



Principal Place of Business

2850 GULF SHORE BLVD., NORTH
NAPLES FL 33940

Mailing Address

2850 GULF SHORE BLVD., NORTH
NAPLES FL 34103-4388

2. Principal Place of Business

21 2850 GULF Shore Blvd

2a. Mailing Address

21 5860 18th Ave NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Naples FL

27 Naples, FL

23 City & State

28 City & State

24 Zip

Country

24 34101

25 Collier

29 Zip

Country

29 33999

30 Collier

9. Name and Address of Current Registered Agent

WHELOCK, ATHALIE K
2850 GULF SHORE BLVD., NORTH
NAPLES FL 33940

3. Date Incorporated or Qualified

09/13/1996

3a. Date of Last Report

2

4. FEI Number

65-0701837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

X Athalie K. Wheelock

(NOTE: Registered Agent signature required when reinstating)

March 19, 1997

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
WHELOCK, ATHALIE K
STREET ADDRESS
2850 GULF SHORE BLVD., NORTH
CITY-ST-ZIP
NAPLES FL 33940

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X Athalie K. Wheelock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 1997 649-0466

Date

Daytime Phone #

CR2E034 (9/96)